



New Holstein Recreation Basketball Boys & Girls 5K—4th Grade

For Office Use:
Shirt Size: _____
Paid: cash check
\$10 Fundamental ☐
\$20 4th Grade League ☐
Coach: _____

This youth basketball program offers fundamental skill building basketball instruction for boys and girls in grades 5K-4th during the winter months. Fundamentals are stressed through age related skills and drills.



Fundamental Skill Training will be held Saturday mornings at the New Holstein Elementary School Gym for 6 weeks beginning in January 2014: January 4, 11, 18, 25, February 1, 8.

Contact: Kevin Meyer, Recreation Basketball Program
Director, 920-894-4126 or Barry Scholz 920-450-1032

Complete this form and mail or drop it off, with cash/check
(payable to: **City of New Holstein**), at the New Holstein City
Hall: **Recreation Basketball, City of New Holstein, 2110
Washington St., New Holstein, WI 53061**

FEE: \$10.00

**Registration Deadline:
November 22, 2013**

(4th Grade boys/girls league additional \$20)

\$5 Late fee assessed after this date



PLEASE PRINT

Players Name: _____ T-shirt Youth Size: XS S M L XL

FIRST

LAST

Adult Size: S M L XL

Current Grade: _____ Girls and Boys currently in grades 5K-4th Gender M / F (please circle)

4th Grade Boys/Girls League Participant (circle one) YES or NO

Address: _____ City: _____ Zip: _____

Home Phone #: _____

Parent Name: _____ Cell #1: _____

Email: _____

Parent Name _____ Cell #2: _____

Email: _____

_____ INTERESTED IN VOLUNTEERING? Please place a check on the line. Training for volunteers will be provided. A background check is required and the application form is available at City Hall.

Waiver of Liability & Insurance Information

Family Physician _____

List any special medical conditions/allergies that the coaches should be aware of:

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment:

Name Phone #

Name Phone #

I hereby certify that my child is in good physical health and may participate in all recreational activities. I will not hold the City of New Holstein or Recreational Department Staff and volunteers responsible in the event of an accident/injury as a result of my child's participation in this recreational program. I also give permission for my child to be given emergency treatment at a local hospital.

Parent or Guardian Signature

Name of Parent or Guardian (Please print)